



**ALAMO HEIGHTS
POLICE DEPARTMENT**

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap. Upon successful completion of all pre-employment testing applicants will be provided with a Personal History Statement to complete before a full background investigation can be initiated.

PLEASE PRINT:

Date of Application: _____

Position(s) Applied For _____

Referral Source: _____ Advertisement _____ Friend _____
(Please check) _____ Relative _____ Walk-In _____ Referral's Full Name _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Home Phone _____ Mobile Phone _____

Social Security # _____ Driver License # _____ PID # _____
EMAIL: _____

If your application is considered favorable, on what date will you be available to work?

Are there any experiences, skills, or qualifications that you feel would especially fit you for work with our organization?

Are you legally eligible for employment in the United States?

Indicate languages you speak, read, and/or write:

List Professional, trade, business or civic activities and offices held. (You may exclude those that indicate race, color, religion, sex, or national origin)

EDUCATION

School	Name & Location	Last Year Completed	Did You Graduate	Degree if Applicable
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>			
<hr/>	<hr/>			
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>			
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>			
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>			
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>			
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

If additional space is needed for education, please list below or on reverse side.

EMPLOYMENT

Please give accurate, complete full-time and part-time five-year employment history. Start with present or most recent employer.

Company Name	Telephone
Address	Employed (State Mo. And Yr.) From To
Name of Supervisor	Weekly Pay Start Last
Job Title and Description of Your Work	Reason for Leaving

Company Name	Telephone
Address	Employed (State Mo. And Yr.) From To
Name of Supervisor	Weekly Pay Start Last
Job Title and Description of Your Work	Reason for Leaving

Company Name	Telephone
Address	Employed (State Mo. And Yr.) From To
Name of Supervisor	Weekly Pay Start Last
Job Title and Description of Your Work	Reason for Leaving

Company Name	Telephone
Address	Employed (State Mo. And Yr.) From To
Name of Supervisor	Weekly Pay Start Last
Job Title and Description of Your Work	Reason for Leaving

Company Name	Telephone
Address	Employed (State Mo. And Yr.) From To
Name of Supervisor	Weekly Pay Start Last
Job Title and Description of Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer

Reason

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts call for is cause for dismissal.

Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

I hereby give permission to any agency, bureau, department, business or person whomsoever to furnish the City of Alamo Heights, Texas, its agents, investigators, or employees, full and complete information about any of the matters contained in my application for employment, employment history and educational records information from whatsoever source. In consideration of the investigation of my application, I hereby release anyone furnishing any such information and the City of Alamo Heights, Texas, its agents, investigators or employees, from any and all liability that may or could result from the divulgence of such information of the use thereof.

Date

Applicant

Sworn to and Signed Before Me, On This The _____ Day of _____, _____.

Notary public in and for, State of Texas

My Commission expires _____

Signature of Notary Public

Notary Seal or Stamp

Printed Name of Notary Public

WAIVER OF LIABILITY

EMPLOYMENT TERMINATION HISTORY RELEASE

NAME (LAST, FIRST, MIDDLE INIT.) _____

SOCIAL SECURITY NUMBER _____

DEPARTMENT REQUESTING RECORDS _____

I understand that a report is submitted to the Commission each time I resign or am terminated from employment or appointment with a law enforcement agency.

I understand the report must include an explanation of the circumstances of my resignation or termination.

I understand the chief administrator of each law enforcement agency with which I apply for employment may request the contents of each report that pertains to resignation or termination due to substantiated incidents of excessive force or violations of law other than traffic offenses.

I understand the Commission is not liable for civil damages for providing information contained in a report concerning the circumstances cited above, **when a written request, on agency letterhead, from a chief administrator and this release is presented to the Commission;** and

I understand a law enforcement agency; chief administrator of a law enforcement agency or other law enforcement official is not liable for civil damages for a report made by that agency or person if the report is made in good faith.

I expressly waive my right to hold the Commission, Law enforcement agency, chief administrator of the law enforcement agency, or other law enforcement official liable for civil damages for the contents of reports concerning my resignation or termination as a peace officer, reserve law enforcement officer, county jailer, or public security officer which are on file with the Commission, if the law enforcement agency, chief administrator of the law enforcement agency, or other law enforcement official made the report in good faith; and

I expressly waive my right to hold the Commission, law enforcement agency, chief administrator of a law enforcement agency, or other law enforcement official liable for civil damages for any action based on information contained in my reports concerning the circumstance of my resignation or termination from prior employment or appointment with a law enforcement agency.

I have read and understand the foregoing statement. I hereby authorize the Commission to release all reports concerning my resignation or termination pertaining to circumstances cited above as a peace officer, reserve law enforcement officer, county jailer, or public security officer which are on file with the Commission to the department named above.

Signature of Licensee

Date

Sworn to and Signed Before Me, On This The _____ Day of

a _____.

Notary public in and for, State of Texas

Signature of Notary Public

My Commission expires _____

Printed Name of Notary Public

Notary Seal or Stamp